

ART 34

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/701266

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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49						
50						
TOTAL	5	↓		↓		↓
TOTAL	28	↓		↓		↓
TOTAL	33	↓		↓		↓
TOTAL						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL		↓		↓		↓
TOTAL		↓		↓		↓
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